CIMS
City Institute of Medical Sciences
(Multi Super Speciality 200 Bedded Hospital)
DEPARTMENT OF CARDIOLOGY

Name: MR. YOGAVIR SINGH	Age/Sex: 52yrs/Male
Date: 24/02/2024	UHID No. CIMS-9068
Done By: DR ARPIT AGARWAL	

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
PML-**Normal**/Thickening/Calcification/Mild Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/**Absent**. Score:_____

Doppler Normal/**Abnormal** **E<A**
Mitral Stenosis Present/**Absent** RR Interval_____msec
EDG_____mmHg MDG_____mmHg MVA_____cm^2
Mitral Regurgitation **Absent**/Trace/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler Normal/**Abnormal**
Tricuspid stenosis Present/**Absent**
EDG_____mmHg MDG_____mmHg
Tricuspid regurgitation: Absent/**Trace**/Mild/Moderate/Severe.
IVC non-dilated & collapsing > 50% during inspiration.
RVSP=RAP+ 10 mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
Doppler **Normal**/Abnormal.
Pulmonary stenosis Present/**Absent** Level Valvular & Subvalvular
PSG_____mmHg Pulmonary annulus____mm
Pulmonary regurgitation Present/**Absent**
Early diastolic gradient_____mmHg. End diastolic gradient_____mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
No. of cusps 1/2/**3**/4
Doppler **Normal**/Abnormal
Aortic stenosis Present/**Absent** Level
AFV: 1.1m/s P/M Gr_____mmHg Aortic annulus_____mm
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Near Radha Valley, NH-19, Mathura
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Note: Normal Echocardiography report does not rule out CAD.
This report is not valid for Medico-legal Purpose.

Measurements	Normal Values	Measurements	Normal values
Aorta 2.8	(2.0 – 3.7cm)	LA es 3.2	(1.9 – 4.0cm)
LV ed 4.2	(3.7 – 5.6cm)		
IVS ed 0.9	(0.6 – 1.1cm)	PW (LV) ed 0.9	(0.6 – 1.1cm)

CHAMBERS:

LV — **Normal**/Enlarged/Clear/Thrombus/Hypertrophy
Contraction — **Normal**/Reduced

LA — **Normal**/Enlarged/Clear/Thrombus

RA — **Normal**/Enlarged/Clear/Thrombus

RV — **Normal**/Enlarged/Clear/Thrombus

PERICARDIUM — **Normal**/Thickening/Calcification/Effusion

COMMENTS & SUMMARY:

- No RWMA.
- Normal LV systolic function, LVEF ~ 60%.
- **Grade I/IV DDF**
- **Trace TR**
- PASP: 15 mmHg
- Intact IAS/IVS
- No clot/vegetation/pericardial effusion.
- IVC non-dilated & collapsing > 50% during inspiration.

FINAL IMPRESSION:

- No RWMA, LVEF ~ 60%.
- **Grade I/IV DDF**
- **Trace TR**
- Normal AFV
- No PHT, PASP = 15mmHg.

Dr. ARPIT AGARWAL
Consultant Intervention Cardiologist
MBBS, MD, DM (CARDIOLOGY)
Fellowship Interventional Cardiology

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DEPARTMENT OF RADIOLOGY

PATIENTNAME	YOGAVIR SINGH	AGE/SEX	52Y/M
REF.BY	DR.CIMS	DATE	24.02.24

X-RAY CHEST PA VIEW

FINDINGS:

- Both lung fields are clear.
- Trachea and mediastinum is central.
- Cardiac size appears normal .
- Bilateral hila appears normal .
- Bilateral dome of diaphragm & costophrenic angles appear normal.
- Visualised bones & soft tissues appear normal.

No obvious fracture seen

IMPRESSION:- NO OBVIOUS SIGNIFICANT ABNORMALITY IS SEEN.

Clinical correlation

Aggarwal

NH-19, Mathura-281001 CIMS Near Radha Valley

Dr. Ankur Aggarwal
MBBS, M.D (Consultant Radiologist)
MCI/09-34285

Disclaimer-It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy ,this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way this report can be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately.

DEPARTMENT OF PATHOLOGY

UHID	CIMS-9068	Visit Type/No	OP/EPD-11883/EPD-11883
Name	Mr Yogavir Singh	Order No	OR-21828
Age/Gender	52 Y,3 M,19 D/Male	Order Date/Time	24-02-2024
Accession Number	OPAC-2668	Collection Date/Time	24-02-2024 11:09 AM
Treating Doctor	Dr Self	Acknowledge Date/Time	24-02-2024 02:26 PM
Ordering Doctor	Dr Self	Report Date/Time	24-02-2024 02:37 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Pathology

Service Name	Result	Unit	Reference Range	Method
PSA (Prostate Specific Antigen) Total, **Blood**	0.57	ng/mL	0.27-3.42	

Note

:1. This is recommended test for detection of prostate cancer along with digital rectal examination(DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA Total and Free levels may appear consistently elevated / depressed due to interference by heterophilic antibodies & nonspecific protein binding,
4. Immediate testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. Total and Free PSA values regardless of levels should not be interpreted as absolute evidence for the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations

Clinical Use
- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Prostatic disease. Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer

Thyroid Profile -T3, T4, TSH, Blood				
Triiodothyronine (T3)	2.04	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	118.0	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	1.65	uIU/mL	0.3-4.5	CLIA

Interpretation

:**Note:**
1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use
Primary Hypothyroidism
Hyperthyroidism Hypothalamic – Pituitary hypothyroidism
Inappropriate TSH secretion
Nonthyroidal illness
Autoimmune thyroid disease
Pregnancy associated thyroid disorders
Thyroid dysfunction in infancy and early childhood

URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine				
Physical Examination				
COLOUR	Straw Color			Manual method
TRANSPARENCY	Hazy			Manual
SPECIFIC GRAVITY	1.020		1.001-1.03	Strip
PH URINE	6.0		5-8	Strip
DEPOSIT	Absent			Manual
BIOCHEMICAL EXAMINATION				
ALBUMIN	Trace			Strip
SUGAR	Absent			Strip

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Service Name	Result	Unit	Reference Range	Method
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	/ hpf		Microscopy
EPITHELIAL CELLS	0-1	/ hpf		Microscopy
RBC'S	4-5	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy

Haematology

Service Name	Result	Unit	Reference Range	Method
BLOOD GROUP (ABO)				
BLOOD GROUP (ABO)-	"O"			
RH TYPING	POSITIVE			
The upper agglutination test for grouping has some limitations.				
CBC (Complete Blood Count), Blood				
Hemoglobin (Hb)	15.4	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	8720	/cumm	4000-11000	Impedance
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils	55	%	40-80	
Lymphocytes	34	%	20-45	
Monocytes	08	%	4-10	
Eosinophils	03	%	1-6	
Basophils	00	%	0-1	
RBC Count	5.05	millions/cumm	4.5-5.5	
PCV / HCt (Hematocrit)	44.1	%	40-45	Calculated
MCV	87.2	fl	76-96	
MCH	30.5	pg	27-32	
MCHC	35.0	g/dl.	30-35	
Platelet Count	2.83	lakh/cumm	1.5-4.5	Impedance
RDW	12.8	%	1-15	
ESR (Erythrocyte Sedimentation Rate), **Blood**	**24 H**	mm 1st Hr.	0-10	Wintrobe

All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

NOT VALID FOR MEDICO LEGAL PURPOSE.

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Service Name	Result	Unit	Reference Range	Method
HbA1c				

GLYCOSYLATED HAEMOGLOBIN (HbA1c)

Method- Immunofluorescence Assay

Glycosylated Hemoglobin (HbA1c)	5.83	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control	
Estimated average blood glucose (eAG)	120.62	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested	

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2.Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Fasting), **Plasma**	99.16	mg/dL	60-110	
Glucose (Post Prandial), **Plasma**	145.2	mg/dL	80-150	
KFT (Kidney Profile) -I, Serum				
Urea, Blood	22.3	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.72	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	10.41	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	14.45		10-20	Calculated
Sodium,Serum	135.5	mmol/L	135-150	ISE
Potassium, Serum	4.25	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.68	mg/dL	8.7-11.0	ISE
Chloride, Serum	97.4	mmol/L	94-110	ISE
Uric acid, Serum	6.12	mg/dL	3.4-7.0	
Magnesium, Serum	2.65	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.60	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	93.5	U/L	53-165	IFCC
Albumin, Serum	4.18	g/dL	3.5-5.4	BCG

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Service Name	Result	Unit	Reference Range	Method
LFT (Liver Function Test) Profile, Serum				
Bilirubin Total, Serum	0.56	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.19	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.37	mg%	0.0-0.75	Calculated
SGOT/AST	18.67	U/L	0-40	IFCC
SGPT/ALT	34.2	U/L	0-48	IFCC
AST/ALT Ratio	0.55		0-1	Calculated
Gamma GT,Serum	35.9	U/L	10-45	IFCC
Alkaline phosphatase, Serum	93.2	U/L	53-165	IFCC
Total Protein, serum	6.69	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.18	g/dL	3.5-5.4	BCG
Globulin	2.51	g/dL	2.3-3.6	Calculated
A/G Ratio	1.67		1.0-2.3	Calculated
Lipid Profile, Serum				
Cholestrol, serum	183.0	mg%	Optimal: < 200 mg/dl Boder LIne High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	151.0	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg /dl Very IIigh Risk: > 500 mg /dl	
HDL Cholesterol	48.0	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	104.80	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholestrol	30.20	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	2.18		0.0-3.5	

Interpretation :

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. .Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL

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----------End of the Report----------

Dr Ambrish Kumar
Pathology
MD (Pathology)